		THE DIVISION OF HE			19708	
FILED MAY	20 1957	STANDARD CERTIF		STATE FILE NU	MBER /A	
	Registration (Pri	mary Registration District No. 3	SOO Regist	ror's No	
1. PLACE OF DEA	NTH		2. USUAL RESIDENCE (Whe		admissi	
a. COUNTY	St. Louis		o. STATE Misson	b. COUNTY	t. Louis	
b. CITY (If outs OR	side corporate limits, give		c. CITY OR 17 7 as	1280	Inside Lir	
TOWN	Hanley Hills		TOWN Hanle	y Hills 4780	2 Yes D N	
I HOSPITAL O	OF (If NOT in hospital, or 2003 Raven I	give location) Length of stay in 1b	d. STREET 2003	(If outside, give locatio Raven Drive	n) -Reside on Yes□ N	
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year	
(Type or print)	Bonnie	Lynn	Riebel	DEATH May 8	1957	
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED E			Days Hours	
_female	white	WIDOWED DIVORCED	Oct 24, 1953	3	N OF WHAT COUNTR	
during most of w	ON (Give kind of work done orking life, even if retired)	_ 1		(L)		
CHILI 13. FATHER'S NAME	<u> </u>	None	St. Louis, Mis:	souri l	JSA	
William Thomas Riebel			Gloria Gellhausen			
	ER IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.		Address		
(Yes, no, or unknown) NO	(If yes, give war or dates of se		William T. Rieb	el. 2003 Raven	Drive	
Conditions which gave above can stating the lying cau	rise to see (a), see (a), under-			· · · · · · · · · · · · · · · · · · ·	i	
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART I(a)	19. WAS AUTOPS PERFORMED YES NO	
20a. ACCIDENT		206. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art I or Part II of item 18.)		
ZOM. ACCIDENT		<u></u>		·····		
S INJURY a	four Month, Day, Year	·				
. P ≥ 20d. INJURY OCCL	. m.	E OF INJURY (e. g., in or about home;	20/ CITY TOWN OR LOCATION	COUNTY		
WHILE AT (7)	NOT WHILE	, factory, alreet, office oldg., etc.)				
l' I		2-10-57 10_	5-8-57 and			
Death occu			e stated above; and to the be	at of my knowledge, from	n the causes a	
Kak	ound m.	Q.	7803 Clayton		5/9/5	
23a. Burial, Cremation REMOVAL (Specify Burial	°	'Memorial Park	Cemetery St.	TION (City, town. or county) Couis Co. Misso	ouri.	
24. FUNERAL DIRECTO Math Herma	ann & Son, In	c.,2161 E. Fair Av	ATE RECD. BY LOCAL REG. 26.	REGISTRAR'S SIGNATURE)	
		· ·	U - 1-3 7 PM			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en Student Embalmer No...... by me, or by

working under my personal supervision.

Student..... Licensed Embalmer No. 44

P. O. Address . D. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.